



A military peer educator demonstrates correct condom use in Bukavu, Sud Kivu Province, DRC

**Advancing Social Marketing for Health in the Democratic Republic of Congo
Task Order # GHH-I-05-07-00062-00**

**Programmatic Quarterly Report
October – December 2011**

**Submitted by:
Population Services International
January 30th, 2012**



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I. Executive Summary

Organization: Population Services International (PSI)/Association de Santé Familiale (ASF)

Address: 4630, De la Science Avenue, USCT Building Block C, Gombe, Kinshasa, Democratic Republic of Congo (DRC)

Contact: Dr. Didier Adjoua, Chief of Party

Program Title: Advancing Social Marketing for Health in the Democratic Republic of Congo

Agreement number: GHH-I-05-07-00062-00

Country: Democratic Republic of Congo

Time period: October – December 2011 (Q1 FY12)

Program Goal: To improve the health status of the people of the Democratic Republic of the Congo.

Program Purpose: To expand and build upon the achievements of USAID's previous social marketing programs in DRC by increasing the use of effective health products, services, and behaviors in the areas of HIV/AIDS/STI, family planning and reproductive health (FP/RH), maternal and child health (MCH) and water and sanitation.

Program Objectives: The proposed program has four main objectives:

1. Increase the supply and diversity of health products and services that are to be distributed and delivered through the private sector, in conjunction with the public sector, for disease prevention and control as well as integrated health service delivery.
2. Increase awareness of and demand for health products and services to emphasize prevention of childhood illnesses, unintended and unsafe pregnancies, HIV infection and STIs, and to build an informed, sustainable consumer base.
3. Develop and/or enhance the ability of commercial/private sector entities to socially market health products and services including behavior change communication activities.
4. Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community levels through joint planning with the GDRC, other United States Government (USG), and non-USG partners.

Key success during Q1 FY12:

1. 2,672,861 male condoms and 156,987 female condoms were distributed in targeted health zones under the AIDSTAR project.
2. 163,500 Combination-3 pills, 31,874 injectables, 631 IUDs, 88 Cycle Beads and 552 *Jadelle* were distributed to women of reproductive age in project-targeted health zones.
3. 23,185 CYPs were generated by the FP products distribution over the quarter.
4. 2,093 Clean Delivery Kits were distributed.

5. 1,021,074 sachets of PUR and 3,339,680 tablets of Aquatabs were distributed, to treat 77,004,340 liters of water.

II. Description of activities performed

TASK 1: Increase the supply and diversity of health products and services that are to be distributed and delivered through the private sector, in conjunction with the public sector, for disease prevention and control as well as integrated health service delivery.

Cross-cutting activities

1. The distribution network has gradually started to operate in the FMCG distribution system with a commercial wholesaler operating in each of these provinces: Bandundu, Kasai Occidental, Kasai Oriental and Sud-Kivu. The sales team will continue over the coming quarters to expand this network to other DRC's provinces.
2. In order to make health products more accessible for target groups, PSI/ASF has been revitalizing its contraceptives distribution network by working with current pharmaceutical wholesalers responsible for replenishing the retail pharmacies' stock. This will remove pharmacies from the *Confiance* social franchising network with the aim to expand distribution outlets in basic communities (Year 3 Work Plan Narrative p.6 point 7). PSI/ASF's FP staff will therefore be oriented towards activities related to maintaining the quality-assurance of the services provided through the *Confiance* network. Partner clinics remain in the social franchising network in the 9 intervention provinces: Kinshasa, Katanga, Bas-Congo, Sud Kivu, Nord Kivu, Kasai Occidental, Kasai Oriental, Equateur and Province Orientale. In total, the program currently covers 133 clinics across the country.
3. In routine activities, the sales teams continued to create retail points of sale. These activities were extended to rural health zones in Katanga, Kasai Oriental, Kasai Occidental, and Sud-Kivu.

HIV/AIDS/STI

1. In the first quarter of fiscal year 2012 PSI/ASF received 30,000,000 Prudence® male condoms and 700,000 Prudence® female condoms in their main warehouse in Kinshasa. At the end of this quarter, there are 30,477,001 Prudence® male condoms and 765,853 Prudence® female condoms in PSI/ASF's warehouses in the targeted sites. As soon as these condoms were received, they were tested (10,490 pieces); and the packaging process began. They will be shipped to provinces in early Q2 FY12.

2. The following table highlights the distribution of male condoms by province during Q1 FY12 and the inventory on hand at the end of December 2011:

Male Prudence	Distribution	Stock available, end of December 2011
KINSHASA	1,200,960	28,373,161
KATANGA	0	1,080,000
BAS-CONGO	320,625	135,000
SUD-KIVU	379,710	168,840
PROVINCE ORIENTALE	113,940	130,860
EQUATEUR	24,300	0
KASAI OCCIDENTAL	336,326	0
KASAI ORIENTAL	297,000	589,140
TOTAL	2,672,861	30,477,001

Female Prudence	Distribution	Stock available, end of December 2011
KINSHASA	48,400	699,973
KATANGA	0	20,400
BAS-CONGO	30,000	0
SUD-KIVU	53,187	3,770
PROVINCE ORIENTALE	0	10,800
EQUATEUR	0	10,400
KASAI OCCIDENTAL	20,400	0
KASAI ORIENTAL	5,000	20,510
TOTAL	156,987	765,853

This distribution of Prudence® male and female condoms reveals a large decrease compared to the quantities distributed during the last quarter of FY11. There are two main explanations for the decrease in distribution: 1) There was only a small quantity of stock available at the end of FY11 in provinces and some provinces such as Kinshasa, Katanga and Bas-Congo had a complete stock out of Prudence® male and/or female condoms. 2) The political situation, specifically the organization of presidential and parliamentary elections, did not facilitate the achievement of our objectives during the last quarter of FY11. In fact, because of socio-political instability, access to our intervention areas was difficult: there was confrontation between partisans of some political parties and the police, and gatherings were prohibited during and after the election period.

Family Planning

1. The distribution of combined pills started in December 2011 after the Combination 3 overbranding authorization had been secured in mid-Q1 FY12. However, the registration of Microlut (35-tablet blister pack) is still being processed at the MoH's 3rd Direction. Consequently, the progestin-only pills stock out still persists.
2. The table below shows the contribution of each of the provinces targeted by the project in achieving distribution objectives, from October to December 2011.

Province	COMBI 3	MICROLUT	Injectable	IUD	CycleBeads	Jadelle
Kinshasa	158,700	0	22,080	241	55	283
Katanga	0	0	0	38	0	0
Bas-Congo	0	0	4,400	35	0	32
Sud-Kivu	0	0	2,710	221	0	221
Kasaï Occidental	0	0	1,494	38	0	10
Kasaï Oriental	4,800	0	20	25	4	6
Nord-Kivu						
Province Orientale	0	0	740	18	29	0
Equateur	0	0	430	15	0	0
Maniema						
TOTAL	163,500	0	31,874	631	88	552

3. This quarter, 23,185 CYPs were generated from *Confiance* products: 163,500 COC, 31,874 3-month injectables, 631 IUDs, 88 Cycle Beads and 552 *Jadelle*. This distribution represents PSI/ASF's contribution to the prevention of unwanted pregnancies among the target group, thus improving the contraceptive prevalence in DRC. PSI/ASF would also like to note that during this quarter it received from USAID a donation of 1,106,400 Combi-3 (600 used for testing), 74,800 injectables (50 units for testing), 3,000 IUDs (4 pieces for testing) and 4,000 *Jadelle* (60 used for testing).

Maternal & Child Health

CDK

1. At the beginning of the current reporting period, a quantity of 12,849 CDKs (*Délivrants*[®]) were in stock. During Q1 FY12, 2,093 CDKs were distributed in all the provinces covered by PSI/ASF.

- The following table highlights the distribution of *Délivrans*[®] by province during Q1 FY12, and the inventory on hand at the end of December 2011:

DELIVRANS	Distribution	Stock available, end of December 2011
Kinshasa	172	3,915
Katanga	456	2,679
Bas-Congo	105	724
Sud-Kivu	345	1,314
Nord-Kivu		
Province Orientale	36	113
Equateur	101	249
Kasaï Occidental	50	1,750
Kasaï Oriental	828	12
Maniema		
TOTAL	2,093	10,756

DTK

- PSI/ASF is still waiting for the source/origin and pharmaceutical waiver submitted to USAID during Q3 FY11 before launching *Ora-Zinc*[®] production. Due to the delay, in mid-December 2011, the selected manufacturer, Mission Pharma, decided that they could no longer continue holding the bid price. PSI/ASF will therefore have to launch a new bidding process once the waiver is received. The *Ora-Zinc*[®] launch will be possible only after about 8 to 9 months following the reception of the waiver excluding the new bidding process. The registration process and the product distribution will be also delayed. *Ora-Zinc*[®] package and leaflet were already designed and developed during FY11.

Water and Sanitation

- From October to December 2011, a total of 1,021,074 sachets of PUR and 3,339,680 tablets of Aquatabs were distributed in USAID-targeted provinces and provincial capitals (Kinshasa, Katanga, Sud-Kivu, Bas-Congo, Province Orientale, Equateur, Kasaï Occidental and Kasaï Oriental). PUR and Aquatabs were distributed to health centers, pharmacies, retailers, wholesalers, NGOs and households. For household distribution, PSI/ASF's sales agents created demand and directed populations to existing and new points of sale. Please, note that 32,208 Aquatabs tablets were used for testing purposes.
- During a special activity named "*12 jours avec l'eau potable*" (i.e. 12 days with drinking water), PSI/ASF, in partnership with the community health workers and the health zones' leading teams, distributed about 600,000 sachets of PUR for free in the 2 most ongoing cholera outbreak affected health zones in Kinshasa - Maluku I and Kingabwa - which account for 60% of cases.

3. The following tables highlight the distribution of products by province during Q1 FY12, and the inventory on hand at the end of December 2011:

PUR	Distribution	Stock available, end of December 2011
Kinshasa	731,472	4,338,769
Katanga	137,520	619,440
Bas-Congo	25,440	114,240
Sud-Kivu	25,242	233,718
Kasaï Occidental	47,520	47,520
Kasai Oriental	20,640	90,804
Province Orientale	14 160	300,816
Equateur	19 080	562,440
Maniema		
TOTAL	1,021,074	6,307,747

AQUATABS	Distribution	Stock available, end of December 2011
Kinshasa	2,331,360	4,795,586
Katanga	39,520	183,200
Bas-Congo	44,960	45,984
Sud-Kivu	453,520	304,997
Kasaï Occidental	83,360	257,408
Kasaï Oriental	23,840	19,112
Province Orientale	39,680	102,136
Equateur	323,440	280,000
Maniema		
TOTAL	3,339,680	5,988,423

Task 1 Indicators: Situation as of end Q1 FY12

	INDICATORS ¹	Year 3 Targets	Year 3 Achievement (numbers)	Year 3 Achievement (%)	Comments
1	Number of male condoms distributed through the USG funded social marketing programs	30,000,000	2,672,861	8.9	Stock out.
2	Number of female condoms distributed through the USG funded social marketing programs	1, 222,840	156,987	12.8	Due to the elections, printing companies were under pressure to produce campaign posters and other material. The post electoral crisis also made it difficult for sales team to go to the field. At some times offices were closed.
3	Liters of water disinfected with point of use home water treatment solution to the USG funded social marketing programs	60,000,000	77,004,340	128.3	A significant amount of POU products were distributed during cholera outbreaks by NGOs (about 60%).
5	Number of clean delivery kits distributed through the USG funded social marketing programs	18,008	2,093	11.6	The electoral crisis made it difficult for sales teams to go to the field. At some times offices were closed. Activities during this quarter were not conducted normally. We hope that this political situation will be stable in Q2 FY12.
6-1	Number of cycles of oral contraceptives (COMBI 3) distributed through the USG funded social marketing programs	1,530,282	163,500	10.6	Distribution started in December 2011 after the over branding authorization had been granted.
6-2	Number of cycles of oral contraceptives (MICROLUT) distributed through the USG funded social marketing programs	270,000	0	0	Stock out of Ovrette since Q4 FY10. 35-tablet Microlut registration process still underway, follow-up by Bayer Schering.
7	Number of injectable contraceptives distributed through the USG funded social marketing programs	217,960	31,874	14.6	The electoral crisis made it difficult for sales teams to go to the field. At some times offices were closed. Activities during this quarter were not conducted normally. We hope that this political situation will be stable in Q2 FY12.
8	Number of IUDs distributed through the USG funded social marketing programs	2,750	631	22.9	Ongoing
9	Number of Cycle Beads distributed through the USG funded social marketing programs	6,000	88	1.4	The electoral crisis made it difficult for sales team to go to the field. At some times offices were closed. Activities during this quarter were not conducted normally. We hope that this political situation will be stable in Q2 FY12.
10	Number of implants distributed through the USG funded social marketing programs	2,500	552	22	The electoral crisis made it difficult for sales team to go to the field. At some times offices were closed. Activities during this quarter were not conducted normally. We hope that this political situation will be stable in Q2 FY12.
11	CYP	204,884	23,185	11.3	The electoral crisis made it difficult for sales team to go to the field. At some times offices were closed. Activities during this quarter were not conducted normally. We hope that this political situation will be stable in Q2 FY12.

¹ Any missing indicator in the table has no target to be reported for year 2 project.

TASK 2: Increase awareness of and demand for health products and services to emphasize prevention of childhood illnesses, unintended and unsafe pregnancies, HIV infection and STIs, and to build an informed, sustainable consumer base.

Cross-cutting activities

1. World AIDS Day (December 1st) could not be commemorated as usual because of the political situation in the country. Neither PNMLS nor PNLs organized activities during the month of December.
2. In partnership with the MoH, UNICEF, and other members of the WATSAN Cluster, PSI/ASF organized the World Toilets Day (November 19th) under the theme “We deserve better”. Awareness raising activities in markets, schools, churches, health facilities were carried out by PSI/ASF communication agents in collaboration with local NGOs and community-based educators. On October 15th, PSI/ASF shared activities related to the celebration of the Global Hand washing Day.

HIV/AIDS/STI

1. The Prudence® female condom TV spot was completed by the advertising agency. It is being pretested by PSI/ASF before being broadcast at the beginning of Q2 FY12. The Prudence® male condom spot is being finalized by the advertising agency and is also expected to be launched during Q2 FY12.
2. The process of producing promotional materials to support BCC messages targeting uniformed personnel is underway and the contents of the flipcharts for uniformed personnel, CSWs and MSM is being developed.
3. The Procurement Department is working on identifying the supplier for billboards with HIV messages to be placed on Kinshasa’s main roads and on roads leading to provinces in the upcoming quarters.
4. PSI/ASF completed the production of the second issue of the *100%Jeune* magazine after review and approval from USAID/DRC and MoH. This issue had a circulation of 4,000 copies and its main theme is: “NO. I REFUSE” to prevent HIV/AIDS and preserve dignity. A small event for launching this issue is planned in the next quarter.
5. During this first quarter of FY12, the collaboration agreements signed with 9 partner NGOs during FY11 were renewed for 12 more months, from October 2011 to September 2012.
6. The 9 partner NGOs’ peer educators trained during FY11 have continued awareness raising and behavior change communication activities for the benefit of the general population and the following target groups: sex workers, truckers, youth, policemen, and military.
7. The remainder of the materials related to the condom distribution advanced strategy including hats, bags for bikers to carry commodities, and bibs for bikers ordered in Q3 FY11 were delivered during this quarter by the supplier. They will be shipped to the provinces in Q2 FY2012.

Family Planning

1. USAID requested PSI/ASF contribution to the implementation of the “FP capacity building for PMTCT Acceleration plan”. PSI/ASF is involved in the process of integrating FP service in PMTCT and VCT sites supported by 4 partners of USAID (ProVIC) and CDC (UNC, EGPAF, ICAP), specifically in training FP providers, using funds that result from the balance of the current AIDSTAR project’s year 2 budget. To accomplish this extra activity, during this quarter PSI/ASF contacted the above-mentioned organizations in order to obtain the mapping of their interventions that will serve as a basis of exchange in determining the profile, the number and the training needs of providers to be trained. In the coming weeks, meetings with the 4 partners will be held to finalize the training plan. It is noteworthy that PSI/ASF attended on November 4th and November 10th meetings on PMTCT Acceleration plan.
2. The interpersonal communication activities usually carried out by community-based educators were significantly reduced during Q1 FY12 in terms of number of people reached with FP key messages because of security issues due to election campaigns run all over the country.
3. The contents of the existing flipcharts are being revised to incorporate new modern contraceptive methods. Promotional materials, namely leaflets and calendars, were finalized during this quarter and their production is expected in Q2 FY12.
4. The political situation characterized by presidential and parliamentary elections made it difficult to hold provincial workshops with *Confiance* network clinics managers for reviewing managerial challenges during FP implementation.

Number of people reached through FP interpersonal communication, by province
(October-December 2011 – Q1 FY12)

Province	Men	Women	Total
Kinshasa	22	182	204
Katanga	71	30	101
Bas-Congo	13	242	255
Sud-Kivu	28	196	224
Province Orientale	0	0	0
Equateur	202	498	700
Kasaï Occidental	0	0	0
Kasaï Oriental	19	109	128
Total	355	1,257	1,612

5. The hotline, which aims at improving access to information on FP, reported numerous calls from men, namely 2,309 (73.11%) calls out of a total of 3,158 calls recorded during the quarter. 54.77% of recorded questions were about FP information (FP advantage, types of methods, users’ profile, etc.), 5.12% of them were concerns about the side effects (rumors, false beliefs), 3.29% of them were about the location of FP clients support sites and about 36.79% of them concerned other health areas, especially malaria.

Number of calls received by FP hotline, by province
(October-November-December 2011 – Q1 FY12)

Province	Calls		Total
	Men	Women	
Kinshasa	384	463	847
Katanga	834	107	941
Bas-Congo	92	66	158
Sud-Kivu	67	12	79
Nord-Kivu	59	13	72
Province Orientale	85	17	102
Equateur	155	52	207
Kasaï Occidental	225	28	253
Kasaï Oriental	136	37	173
Maniema	116	5	121
Bandundu	155	48	203
Others*	1	1	2
Total	2,309	849	3,158

*From one neighboring countries.

4. Counseling sessions, organized for couples or individuals (men and women) of reproductive age in network clinics, created a framework for extensive exchanges on FP, its importance on health and available contraceptive methods including condoms, which offer dual protection. As shown in the table below, 20,576 people benefited from this service thanks to FP providers.

Number of people reached through FP counseling visits, by province
(October-November-December 2011 – Q1 FY12)

Province	Men	Women	Total
Kinshasa	1,460	9,641	11,101
Katanga	317	2,376	2,693
Bas-Congo	273	962	1,235
Sud-Kivu	121	433	554
Province Orientale	101	332	433
Equateur	11	52	63
Kasaï Occidental	452	1,549	2,001
Kasaï Oriental	1,120	1,376	2,496
Total	3,855	16,721	20,576

5. A total of 5,735 new clients accepted to use modern contraceptive methods.

Number of new clients recruited, by province
(October-November-December 2011 – Q1 FY12)

Province	New Clients		Total
	Men	Women	
Kinshasa	0	2,336	2,336
Katanga	0	674	674
Bas-Congo	0	268	268
Sud-Kivu	0	296	296
Province Orientale	0	34	34
Equateur	0	261	261
Kasaï-Occidental	0	1,518	1,518
Kasaï-Oriental	0	348	348
Total	0	5,735	5,735

6. In the implementation of activities during the October-December 2011 quarter, 8 technical meetings were organized by PSI/ASF's provincial staff with partner clinics to talk about the progress of their successes and the difficulties faced in providing FP service and products.
7. Initiated by PSI/ASF, following the recommendations from the technical assistance provided by PSI/Washington staff, and under the coordination of PNSR's FP technical team, the process of updating the FP supervision checklist, which started in November 2011, resulted in the development of a monitoring tool draft to be pretested in the next quarter before its extension to other partners involved in the FP field in DRC.

Maternal & Child Health

CDK

The CDK short film for MVU produced during FY11 was broadcast by 3 national TV stations (RTG@, RTNC and *Digital*) to increase communication impact and create demand (5 broadcasts of the DELIVRANS short film).

DTK

1. The Ora-Zinc® short film, TV and radio spots ready to be broadcast were completed. Printed promotional materials will also be completed during Q2 FY12.
2. The generic "Diarrhea care" TV and radio spots ready-for-diffusion were also completed. Related providers' flipcharts are still under development and will be completed in Q2 FY12. All these promotional and educational materials will be aired or used when Ora-Zinc® is launched.

Water and Sanitation

1. A total of 1,198 interpersonal communication (IPC) sessions were conducted by communication agents in local markets, mobile video units, health clinics (during ante and post-natal sessions), churches and schools; and by community volunteers, with door to door awareness raising activities.

A total of 103,705 people, including mothers and caregivers with children under five, students, etc., were reached.

2. Radio and TV spots with messages promoting safe drinking water, hygiene and sanitation were respectively aired 405 and 270 times through both rural and urban radio stations for behavior change communication and demand creation. In addition, the PUR cartoon was broadcast 5 times.
3. The PUR children cartoon, produced with P&G funding and approved by the MoH during a workshop held at PSI/ASF's national office during FY11 was broadcast by 3 national TV stations (RTG@, Digital and RTNC) in December while many children were home because of the Christmas holidays. This communication tool promotes both point of use water treatment with PUR and hygiene. The existing PUR TV spot was aired during the summer holidays.
4. PUR, Aquatabs and Hygiene new ready-for-diffusion radio and TV spots were completed and will be aired in Q2 FY12. Related printed promotional materials will be completed during Q2 FY12.
5. The cholera outbreak has been going on in Equateur, Bandundu and Kinshasa since Q3 FY11. PSI/ASF, in partnership with the MoH and other partners involved in the WATSAN field (Unicef, MSF, WHO, Red Cross, etc.) conducted outreach activities with the community leaders (churches' leaders, ports' leaders, markets' leaders, etc.) in exposed and affected health zones in Mbandaka (Wangata and Mbandaka Health Zones) and Kinshasa (Maluku 1, Kingabwa, Barumbu, Ngaba, etc.). Cholera prevention messages (hand washing, water treatment before drinking, safe water storage, latrine use and cleaning and other hygienic behaviors) and treatment messages (leading the identified and suspected patients to the treatment centers, rehydration, etc.) were selected for and used during awareness raising activities.

In October, in partnership with the MoH, PSI/ASF launched a free distribution campaign of about 600,000 sachets of PUR and heightened awareness in the 2 most affected health zones in Kinshasa, Maluku I and Kingabwa, which account for 60% of the cholera cases. This was done through a special activity, named "*12 jours avec l'eau potable*" (i.e. 12 days with drinking water), for preventing cholera. All the households were targeted. Community health workers from the 2 health zones led this activity after a half-day of training.

Task 2 Indicators: Situation as of end Q1FY12

	INDICATORS	Year 3 Targets	Year 3 Achievement (numbers)	Year 3 Achievement (%)	Comments
12	Number of people reached during HIV/AIDS activities who are oriented to VCT site	10,952	2,838	25.9	Ongoing
13	Number of individuals reached with individual and/or small group preventive interventions primarily focused on abstinence and/or being faithful that are based on evidence and/or meet the minimum standards	19,942	8,053	40.3	Ongoing
14	Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards	16,566	13,380	80.7	Ongoing
15	Number of targeted condom service outlets	7,152	7,152	100	Points of sale are cumulative.
16	Number of individuals who participated in communitywide event focused on HIV/AIDS	300,000	16,166	5.39	During the electoral period and following crisis, we refrained from organizing community wide events as this may have been confused for political rallies and put in danger the lives of those attending due to the general violence observed during this period.
17	Number of media outlets including HIV/AIDS messages in their program	27	0	0	Planned in Q2 FY12
18	Number of media broadcasts that promote responsible sexual behavior	2,880	0	0	Planned in Q2 FY12
19	Number of peer educators who successfully completed an in-service training program	300	0	0	Planned in Q2 FY12
20	Number of FP service delivery points (pharmacies and clinics) added to the <i>Confiance</i> FP network with USG assistance	5	0	0	Planned in Q2 FY12
21	Number of USG-assisted service delivery points experiencing stock-outs of specific tracer drugs (Depo provera)	45	0	0	Service delivery points sufficiently supplied
22	Numbers of people reached during outreach activities promoting the use of water purifier products	250,000	130,705	41.4	Ongoing
25	Percentage of delivery points reporting stock-out of water purifier at any time	20%	0	0	No stock out has been reported to the project by PSI/ASF's direct clients (wholesalers)

TASK 3: Develop and/or enhance the ability of commercial/private sector entities to socially market health products and services including behavior change communication activities.

Cross-cutting

1. NGOs, that were selected and trained, continued to conduct outreach activities in the field. In the next quarter, PSI/ASF will increase the use of MVU equipment for their awareness raising activities.

Task 3 Indicators: Situation as of end Q1 FY12

	INDICATORS	Year 3 Targets	Year 3 Achievement (numbers)	Year 3 Achievement (%)	Comments
28	Number of trained/refreshed private sector distributors, NGOs, associations and community health workers trained in social marketing and/or BCC techniques	10	0	0	Planned in Q2 FY12

TASK 4: Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community levels through joint planning with the GDRC, other United States Government (USG), and non-USG partners.

Cross-Cutting

1. On October 20th, 2011, the monthly USAID-PSI/ASF meeting was held at PSI/ASF's office in Kinshasa. These items were discussed: Outline of the FY12 work plan, commodities procurement, role of PSI/ASF in the new PEPFAR's PMTCT acceleration plan and follow-up of pending issues (Kisangani, waivers, etc.)
2. PSI/ASF attended the October WATSAN cluster monthly meetings under UNICEF's lead. These meetings were mainly focused on the ongoing cholera outbreak in DRC.
3. PSI/ASF organized and hosted two 5- day workshops with the MoH and other partners involved in child survival interventions to elaborate a strategic plan to scale-up effective treatment of pneumonia, diarrhea and malaria, focusing specifically on the pneumonia and diarrhea because there is less funding for their treatment. The scale up is scheduled to take place through both the public and private sector and at the community level. This initiative (named Essential Medicines Initiative) is supported by a high-level working group under the leadership of UNICEF and with participation from the Bill and Melinda Gates Foundation (BMGF), the Clinton Health Access Initiative (CHAI), the United Nations Secretary General Special Envoy for malaria (UNSE), Population Services International (PSI), John Snow, Inc, (JSI), Management Sciences for Health (MSH) and other partners and was launched on September 20th, 2011 by Ray Chambers, the UNSE, at the UNSG's. The main goal of the initiative is to achieve the Millennium Development Goals 4 (MDG 4) consisting in reducing child mortality to 66/1,000. Ten high-burden countries (India, Nigeria, The Democratic Republic of Congo, Pakistan, Ethiopia, Tanzania, Uganda, Bangladesh, Kenya and Niger) with around 60% of child mortality are targeted by this initiative. In DRC, PSI/ASF was chosen by the international working group as the focal point to lead the discussion and elaborate the nationwide distribution plan. By December 31th, 2011, several steps were made:
 - Presentation of the initiative to the MoH Secretary General and reception of the go-ahead
 - Interviews with the involved partners to identify challenges and bottlenecks preventing widespread scale-up of high-quality treatment;
 - Two 5-day workshops under the MoH representative lead to develop appropriate interventions to overcome those challenges in public sector, private sector, and at community level;

- Appropriate intervention budgeting;
 - Presentation of the appropriate interventions and the budget to the MoH Secretary General and integration of his feedback
 - Submission of the scale-up strategic plan to the entire working group for final review prior to the advocacy for fundraising.
4. PSI/ASF held more than 3 meetings with partners involved in child survival in DRC (Unicef, MoH, MSH, MCHIP, AXxès project, USAID, PNAM, FEDECAM, PNL, PNIRA, ZENUFA, 3e Direction, etc) in order to identify challenges and bottlenecks preventing widespread scale-up of high-quality treatment before strategic scale-up plan workshops start. These meetings led to the child survival situation analysis concerning pneumonia, diarrhea and malaria effective treatment scale-up in DRC.
 5. PSI/ASF attended 2 cholera outbreak follow-up meetings with the 2 most affected health zones teams' leaders (Kingabwa and Maluku 1) along with the CBDAs' leaders in order to plan the "12 jours avec l'eau potable" (i.e. 12 days with drinking water) communication campaign and PUR free distribution.
 6. PSI/ASF held one Board of Directors' meeting during which the list of the members was revised in order to have a more representative and open board, and the achievements of ASF's institutional development were presented. This took place in October during the visit of Mr. Karl Hofmann, PSI CEO, to DRC. He also visited the USAID/DRC mission.

Task 4 Indicator: Situation as of end Q1 FY12

	INDICATOR	Year 3 Targets	Year 3 Achievement (numbers)	Year 3 Achievement (%)	Comments
29	Number of external technical/coordination meetings attended at national/provincial/district levels with stakeholders	110	13	11.81	Ongoing

Research, Monitoring and Evaluation

Cross-Cutting

1. Various communication materials were pretested during this quarter: spot on correct treatment of diarrhea, spots of PUR, Aquatabs and CDK (*Delivrants*).
2. During this quarter, one supervision mission was conducted by the AIDSTAR HIV Coordinator in Bas-Congo Province. The mission, which took place from November 20th to November 24th, 2011, aimed at supervising peer educators' activities under the AIDSTAR project. During this mission, the coordinator attended awareness-raising sessions with CSWs, military and youth which confirmed the necessity of retraining different target groups' peer educators.

HIV/AIDS/STI

1. The Flash FoQus study was conducted in Kinshasa to determine the color and scent of the new condom. Its results were sent to USAID and this made it possible for USAID to order the new condom.

Reporting

1. During this quarter, PSI/ASF submitted 1 quarterly technical progress report, 1 quarterly financial report and Year 2 annual technical report.

III. Project Management

1. In October, PSI CEO Karl Hofmann made a management supervision trip in DRC. During his visit, PSI/ASF held one Board of Directors' meeting during which the list of the members was revised in order to have a more representative and open board, and the achievements of ASF's institutional development were presented. It was an opportunity for him to strengthen PSI/ASF managers' capacity. He also visited the USAID/DRC mission.
2. On November 30th, 2011, USG's partners (represented by their COPs) met at PSI/ASF's. Each partner presented its FY11's results. There was also the presentation of PEPFAR's priorities as highlighted in Secretary of State Hilary Clinton's speech.
3. In order to diversify the choice of contraceptives after delivery, PSI/ ASF is committed to promote long-acting methods including post-partum IUD insertions (PPIUD). This innovative idea, which received PNSR's official approval in this quarter, will require several steps, including the exchange visit in Mali in April 2012, before the implementation of the pilot phase in Kinshasa.
4. To improve program management and quality of FP service delivery, two FP team members attended the FP International Conference held in Dakar, and thereafter the technical meeting organized by PSI/Washington for PSI's staff present in Senegal. These meetings that were characterized by a series of presentations on best practices and lessons learned in FP helped identify some practices which are applicable to the country context, for instance conducting IPC sessions targeting clinical providers to increase the distribution of long-acting methods, the improvement of FP service Quality-Assurance, a factor that increases FP service attendance, etc.
5. PSI/ASF attended in Addis-Ababa, Ethiopia, the International Conference on AIDS and STIs in Africa (ICASA 2011) from December 1st to December 9th, 2011. They had the poster the work they are doing with Bukavu's military displayed at the Conference.



Some ICASA attendees ask questions about PSI/ASF's poster

IV. Problems /Challenges faced during the reporting period

During the reporting period, the project faced the following challenges:

1. The complete stock out of progestin-only oral contraceptives (Ovrette) limited clients' free and informed choice, one of the major FP principles.
2. The pending waiver from USAID for Ora-Zinc delayed its launch.
3. The low capacity of local advertizing agencies to develop social marketing media campaigns delayed the production of high quality communication materials (radio/TV spots) in connection with the AIDSTAR logframes objectives.
4. Because of socio-political instability, access to our intervention areas was difficult: there was confrontation between partisans of some political parties and the police, and gatherings were prohibited during and after the election period. Therefore, reaching project objectives was difficult.

V. Environmental Mitigation (IEE)

1. As part of the management of waste generated by the delivery of FP services and products in partner clinics, waste bins were included in the set of materials distributed in the supported provinces.
2. During on-site visits and regular meetings with clinicians, the provincial FP staff regularly reiterates the national policy on biomedical waste management. PSI/ASF's provincial staff is making available the handbook entitled "*Data sheet for injections and samplings safety, and biomedical waste management*" for FP clinics for a continual application of this procedure in dealing with such waste.
3. PSI/ASF's local staff in charge of clinical supervision ensures regular supply of bins to the network clinics for collecting used needles and other waste generated by IUD or implant insertion. This approach offers more security to service providers while working, since it reduces the risk of handling such waste before it reaches the clinic incinerator, and it also contributes to environmental protection.
4. IEE regulations were recalled to the *Confiance* network providers during ongoing long lasting FP methods training. Guidelines for assuring IEE requirements are met in *Confiance* clinics and have also been added to newly revised Quality Assurance checklists to be used by FP staff for partner site visits.
5. Condoms: Proper disposal of condoms, in a designated garbage can or latrine, is included in all community-based actors' trainings and condom messaging, including IEC and condom packaging.

VI. FP and HIV policy compliance

1. USAID's regulations on delivering FP service and products were the focus of discussions during the series of meetings with FP providers to reiterate the TIAHRT Amendment in view of expected results in their FP service delivery.
2. As part of capacity building on USAID's FP policy, PSI/ASF's teams in charge of FP activities have been taking online courses on regulations concerning the provision of service and contraceptive products in order to ensure better program coordination.

VII. Planned activities versus progress (table)

FY 2012 Workplan for the Advancing Social Marketing for Health in DRC																
	Activity	People concerned by trips	2011												Status	
			OCT				NOV				DEC					
			W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4		
A	Program Administration															
A-1	General															
A-1-1	Meeting with USAID for work plan presentation							X							Achieved	
A-1-2	Reception of year 3 obligated amount from USAID							X							Achieved	
A-1-3	Project's year 3 work plan final version submitted to USAID											X			Achieved	
A-1-4	Project's year 3 budget final version submitted to USAID											X			Achieved	
A-2	Trainings and Conferences															
A-2-1	International FP Conference / DRC-Dakar / 2 people	1-MCH Director, Albert Chikuru 2- Deputy MCH Director, Gaby Kasongo								X	X				Achieved	
A-2-5	FP Social Franchising Workshop /DRC-Mombassa/1 person	FP Social Franchising Coordinator, Luther Mokanga						X							Achieved	
A-2-7	ICASA 2011/ DRC-Addis Ababa / 3 people	1- COP, Didier Adjoua 2-M&E Specialist, Godé Mpanya 3-HIV project coordinator Frederic Mvunu									X				Achieved	
A-3	Procurement/Equipment															
A-3-1	Advertise tenders PPIUD training materials (2 PPIUD manikins and 2 PPIUD kits) to implement PPIUD service delivery in five new clinics											X			Postponed in Q2 FY12	
A-4	Technical Assistance Travel															
A-5	Other Travels															
A-5-2	Flash FoQus study for the determination of youth male condom colors and scents / Benin - DRC / 2 people	1-PSI/WCA Regional Researcher, Joseph Inungu 2- PSI/Benin Research, M&E Manager, Cyprien Zinsou			X	X									Achieved	
A-5-6	Home Leave / DRC-Ivory Coast	COP, Didier Adjoua + 3 dependents										X	X		Achieved	
B	TASK 1: Increase the supply and diversity of health products and services that are to be distributed and delivered through the private sector, in conjunction with the public sector, for disease prevention and control as well as integrated health service delivery.															
B-1	Cross-Cutting Activities															
B-1-1	Expand the distribution network to fast moving consumer goods distributors and their network		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
B-1-2	Reinforce presence of sales teams in the field to visit existing sales outlets, replace those that are not operational								X	X	X	X			Postponed in Q2 FY12	
B-2	HIV/AIDS/STI Activities															
B-2-1	Product															
B-2-1-1	Receive male and female condoms from USAID							X	X						Achieved	
B-2-1-2	Procure male and female condom packaging material										X	X	X	X	Ongoing	
B-2-1-3	Sample, test and package male and female condoms										X	X	X	X	Ongoing	
B-2-2	Placement/Distribution															
B-2-2-1	Distribute 30,000,000 male condoms		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
B-2-2-2	Distribute 1,222,840 female condoms (Year 2 remaining target- 222,840; year 3 target -1,000,000)								X	X	X	X	X	X	Ongoing	
B-2-2-4	Continue to identify female friendly condom distribution outlets like hair dressing/ beauty shop for women										X	X	X	X	Ongoing	
B-3	Family Planning Activities															
B-3-1	Product															
B-3-1-1	Receive FP products from USAID		X	X	X	X	X	X							Ongoing	
B-3-1-4	Procure FP packaging material										X	X	X	X	Ongoing	
B-3-1-5	Sample, test and package FP products										X	X	X	X	Ongoing	
B-3-1-6	Ship products to provinces		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
B-3-1-7	Follow up registration process of new contraceptives (AMM for Microlut and Overbranding for Combination 3)		X	X	X	X	X	X	X	X	X	X	X	X	Achieved	
B-3-2	Placement/Distribution															
B-3-2-1	Distribution of Contraceptive contraceptives through pharmaceutical wholesalers and partner clinics		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
B-3-2-2	Distribute 1,800,282 OCs = (1,200,000 Yr 3 + 600,282 Yr 2 gap)										X	X	X	X	Ongoing	
B-3-2-3	Distribute 217,960 injectable contraceptives = (200,000 Yr 3 + 17,960 Yr 2 gap)		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
B-3-2-4	Distribute 2,750 IUDs		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
B-3-2-5	Distribute 6,000 CycleBeads		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
B-3-2-6	Distribute 2,500 implants		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	

C-4	Maternal & Child Health Activities																		
C-4-a	ORS/Zinc Activities																		
C-4-a-1	Promotion/Communication																		
C-4-a-1-1	Complete Ora-Zinc and Diarrhea communication campaign concept creation		X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing		
C-4-b	CDK Activities																		
C-4-b-1	Promotion/Communication																		
C-4-b-1-1	Place the CDK short film developed in year 2											X	X	X	X	Achieved for Kinshasa			
C-5	Water and Sanitation Activities																		
C-5-1	Promotion/Communication																		
C-5-1-1	Complete PUR and Aquatabs communication campaign development		X	X	X	X	X	X	X	X	X	X	X	X	X	Achieved			
C-5-1-3	Air existing PUR children cartoon produced under P&G-funded project											X	X	X	X	Achieved for Kinshasa			
C-5-1-5	Conduct IPC activities		X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing			
C-5-2	Training/Capacity Building																		
C-5-2-4																			
D	TASK 3: Develop and/or enhance the ability of commercial/private sector entities to socially market health products and services including behavior change communication activities.																		
D-1	Cross-Cutting Activities																		
D-1-1	Ensure that NGOs/Associations/ community-based educators with reinforced capacity carry out communication activities including MVU towards target populations						X	X	X	X	X	X	X	X	X	Postponed in Q2 FY12			
E	TASK 4: Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community levels through joint planning with the GDRC, other United States Government (USG), and non-USG partners.																		
E-1	Cross-Cutting Activities																		
E-1-1	Hold strategic planning meetings with USAID						X					X			Ongoing				
E-1-2	Hold provincial coordination meetings with government partners, NGOs and associations												X		Ongoing				
E-1-3	Participate in technical groups meetings at national and provincial levels												X		Ongoing				
E-2	Capacity Building & Assessments																		
E-2-1	Organizational capacity building of NGO/Networks of the 9 NGOs selected during Year 2											X	X	X	X	Postponed in Q2 FY12			
E-2-4-1	Restructure the ASF Board of Directors		X	X	X	X									Achieved				
F	Research, Monitoring and Evaluation																		
F-1	Cross-Cutting Activities																		
F-1-5	Conduct Focus Group for communication materials											X	X		Ongoing				
F-2	HIV/AIDS																		
F-2-1	Conduct a flash foQuS study on male condom types to assess the need to change current male condom specifications (color, scent)					X	X	X							Achieved				
F-3	Family Planning																		
F-4	Reporting																		
F-4-1	Quarterly technical progress reports submitted (+30)				X										Achieved				
F-4-2	Quarterly financial reports submitted (+45)						X								Achieved				
F-4-3	Year 2 technical report submitted (+30)				X										Achieved				
F-4-4	Subcontracts Technical and financial progress reports submitted (+15 after each period)		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing				

VIII. Key activities and challenges for the next quarter (table)

FY 2012 Workplan for the Advancing Social Marketing for Health in DRC																											
	Activity	People concerned by trips	2011				2011				2011				2012				2012				Comments/Challenges				
			OCT	NOV	DEC	JAN	FEB	MAR																			
			W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	
A	Program Administration																										
A-1	General																										
A-2	Trainings and Conferences																										
A-2-4	PSI/ASF Staff Exchange Visit on Internal Audit of FP Activities Quality / DRC-Benin / 2 people	1- Deputy MCH Director, Gaby Kasongo 2- FP Quality Assurance Coordinator, Nancy Ntutukidi																X									
A-2-6	PSI/ASF Staff MCH Exchange visit / DRC- Cameroon / 1 person	1- MCH Director, Albert Chikuru																						X			
A-2-8	PSI/ASF Staff Exchange visits / DRC-Cameroon / 1 person	PSI/Cameroon 100%Jeune Coordinator																					X				
A-2-9	PSI/ASF Staff Exchange visits / DRC- Vietnam / 1 person	COP, Didier Adjoua																			X						
A-2-15	BCC capacity building for PSI/ASF's provincial Communication Managers																	X									
A-2-16	FP capacity building for PSI/ASF's provincial Clinics Network Managers																	X	X								
A-2-17	Sales capacity building for PSI/ASF's provincial Sales Managers														X												
A-2-18	M&E capacity building for PSI/ASF's provincial M & E Managers																X										
A-3	Procurement/Equipment																										
A-3-1	Advertise tenders PPIUD training materials (2 PPIUD manikins and 2 PPIUD kits) to implement PPIUD service delivery in five new clinics										X																
A-3-2	Analyze and select suppliers, and purchase equipments																X	X									
A-4	Technical Assistance Travel																										
A-4-4	MCH/Watsan Technical Assistance trip / Nairobi -DRC / 1 person	PSI/Kenya MCH/Watsan Technical Advisor, Yves Cyaka																X									
A-4-5	HIV Technical Assistance trip / Cameroon - DRC / 1 person	PSI/Cameroon, HIV Director, Annie Michele Mvogo													X	X	X	X	X	X							
A-4-6	QED's project mid-term and M&E system evaluation trip / Washington DC - DRC / 2 people	Swedberg and Speyer, QED																			X	X	X				
A-5	Other Travels																										
A-5-3	FoQuS on Marketing Planning study / Benin - DRC / 1 person	PSI/WCA Regional Researcher, Joseph Inungu																			X						
A-5-6	Home Leave / DRC-Ivory Coast	COP, Didier Adjoua + 3 dependents									X	X	X														
B	TASK 1: Increase the supply and diversity of health products and services that are to be distributed and delivered through the private sector, in conjunction with the public sector, for disease prevention and control as well as integrated health service delivery.																										
B-1	Cross-Cutting Activities																										
B-1-1	Expand the distribution network to fast moving consumer goods distributors and their network		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
B-1-2	Reinforce presence of sales teams in the field to visit existing sales outlets, replace those that are not operational						X	X	X	X		X	X	X	X	X	X	X	X								
B-1-3	Hold distribution strategy meetings with wholesalers														X	X	X	X	X								
B-2	HIV/AIDS/STI Activities																										
B-2-1	Product																										
B-2-1-1	Receive male and female condoms from USAID					X	X																	X	X		
B-2-1-2	Procure male and female condom packaging material							X	X	X	X	X	X														
B-2-1-3	Sample, test and package male and female condoms							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
B-2-1-4	Ship condoms to provinces														X	X	X	X	X	X	X	X	X	X	X		
B-2-2	Placement/Distribution																										
B-2-2-1	Distribute 30,000,000 male condoms		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
B-2-2-2	Distribute 1,222,840 female condoms (Year 2 remaining target- 222,840; year 3 target -1,000,000)						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
B-2-2-3	Scale up distribution into rural areas (involve partners community-based outreach workers/ NGOs/ Associations and commercial bikers)																	X	X	X	X	X	X	X	X		
B-2-2-4	Continue to identify female friendly condom distribution outlets like hair dressing/ beauty shop for women							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		

B-3	Family Planning Activities
B-3-1	Product
B-3-1-1	Receive FP products from USAID
B-3-1-2	Revise oral contraceptives packaging to insert three blisters in one pack replacing the existing one-b blister pack
B-3-1-3	Revise CycleBeads packaging and adapt it to shipping constraints
B-3-1-4	Procure FP packaging material
B-3-1-5	Sample, test and package FP products
B-3-1-6	Ship products to provinces
B-3-1-7	Follow up registration process of new contraceptives (AMM for Microlut and Overbranding for Combination 3)
B-3-2	Placement/Distribution
B-3-2-1	Distribution of Con fiance contraceptives through pharmaceutical wholesalers and partner clinics
B-3-2-2	Distribute 1,800,282 OCs = (1,200,000 Yr 3 + 600,282 Yr 2 gap)
B-3-2-3	Distribute 217,960 injectable contraceptives = (200,000 Yr 3 + 17,960 Yr 2 gap)
B-3-2-4	Distribute 2,750 IUDs
B-3-2-5	Distribute 6,000 CycleBeads
B-3-2-6	Distribute 2,500 implants
B-4	Maternal & Child Health Activities
B-4-a	Product: CDKs
B-4-a-1	Product
B-4-a-1-1	Produce 5,159 CDKs (With PSI funds)
B-4-a-1-2	Ship CDKs to provinces
B-4-a-2	Placement/Distribution
B-4-a-2-1	Distribute 18,008 CDKs at cost-recovery (for PSI/ASF)
B-4-b	Product: Diarrhea Treatment Kits (DTK)
B-4-b-1	Product
B-4-b-1-1	Follow up the source/origin and pharmaceutical waiver requested to USAID
B-4-b-1-2	Procure pre-packaged low osmolality flavored 1-liter sachets ORS and 20 mg 10-tablet Zinc blisters
B-4-b-1-3	Register DTK to the MOH
B-5	Water and Sanitation Activities
B-5-1	Product
B-5-1-1	Receive already ordered Aquatabs (funded by Pooled Fund and Unicef)
B-5-1-2	Test Aquatabs in Kinshasa
B-5-1-4	Ship Aquatabs to provinces
B-5-1-5	Ship existing PUR stock to provinces
B-5-2	Placement/Distribution
B-5-2-1	Distribute 2 million PUR sachets through commercial wholesalers, health zones, NGOs and other institutions
B-5-2-2	Distribute 2 million Aquatabs through commercial wholesalers, health zones, NGOs and other institutions
C	TASK 2: Increase awareness of and demand for health products and services to emphasize prevention of childhood illnesses, unintended and unsafe pregnancies, HIV infection and STIs, and to build an informed, sustainable consumer base.
C-1	Cross-Cutting Activities
C-1-1	Share in special events (International Women's Day, World Population Day, Kinshasa's Fair 2012, World AIDS Day, etc) with target population
C-1-2	Duplicate the different communication materials produced during the life of the project on CDs and DVDs, and distribute them to USAID partners, implementing partners and GDRC for dissemination during their communication activities
C-2	HIV/AIDS/STI Activities
C-2-1	Media Communication and Supports' Development
C-2-1-1	Prestest communication materials (TV, radio spots and prints) for Prudence male and female condoms
C-2-1-2	Produce and distribute branded printed communication materials to support Prudence male and female condoms' mass media campaigns
C-2-1-3	Air radio and TV spots
C-2-1-4	Develop and produce promotional materials to support behavior change communication messages targeting uniformed personnel (T-shirts and caps)
C-2-1-5	Develop and produce flipchart for uniformed personnel, commercial sex workers and MSM
C-2-1-6	Develop and produce a short film for truckers to be screened outdoors (parkings)
C-2-1-7	Translate in local languages existing short films (from PSI Côte d'Ivoire) targeting commercial sex workers
C-2-1-9	Produce and place billboards on Kinshasa's main roads and on roads leading to provinces (city of Kinshasa, Kinshasa-Matadi axis, Lubumbashi-Kasumbalesa axis, Bukavu-Uvira axis, Mbuji Mayi, Kananga)

[illegible]

D	TASK 3: Develop and/or enhance the ability of commercial/private sector entities to socially market health products and services including behavior change communication activities.																										
D-1	Cross-Cutting Activities																										
D-1-1	Ensure that NGOs/Associations/ community-based educators with reinforced capacity carry out communication activities including MVU towards target populations					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
E	TASK 4: Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community levels through joint planning with the GDRC, other United States Government (USG), and non-USG partners.																										
E-1	Cross-Cutting Activities																										
E-1-1	Hold strategic planning meetings with USAID					X				X				X											X		
E-1-2	Hold provincial coordination meetings with government partners, NGOs and associations									X																X	
E-1-3	Participate in technical groups meetings at national and provincial levels									X																X	
E-1-4	Hold HIV specific coordination meeting with ProVIC to harmonize activities agenda to insure complementary programming for the target group's benefit																										
E-2	Capacity Building & Assessments																										
E-2-1	Organizational capacity building of NGO/Networks of the 9 NGOs selected during Year 2									X	X	X	X	X	X	X											
E-2-2	Organizational Capacity Assessment of 11 remaining NGOs selected during Year 2																								X	X	X
F	Research, Monitoring and Evaluation																										
F-1	Cross-Cutting Activities																										
F-1-1	Disseminate HIV survey results																								X	X	
F-1-2	Conduct a project mid-term and M&E system evaluation																								X	X	X
F-1-3	Perform provincial supervision trips																								X	X	X
F-1-4	Conduct a "willingness to pay" survey for HIV, FP, MCH and Watson products and adjust price grids if necessary																								X	X	X
F-1-5	Conduct Focus Group for communication materials																								X	X	X
F-2	HIV/AIDS																										
F-2-1	Conduct a flash foQuS study on male condom types to assess the need to change current male condom specifications (color, scent)					X	X	X																			
F-2-2	Conduct a FoQuS on Marketing Planning																										
F-3	Family Planning																										
F-3-1	Conduct Exit Interview Surveys for FP points of sale and service delivery																								X	X	
F-4	Reporting																										
F-4-1	Quarterly technical progress reports submitted (+30)					X																			X		
F-4-2	Quarterly financial reports submitted (+45)							X																	X		
F-4-3	Year 2 technical report submitted (+30)					X																					
F-4-4	Subcontracts																										
F-4-4	Technical and financial progress reports submitted (+15 after each period)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

IX. Annexes

IX.1- Project indicators

Annex A: Product Distribution Targets

Annex A: Product Distribution Targets						
	PRODUCTS	YEARS				TOTAL
		1	2	3	4	
HIV	Male Condoms	20,000,000	25,000,000	30,000,000	32,000,000	107,000,000
	Female Condoms	500,000	700,000	1,000,000	1,200,000	3,400,000
FP	Oral Contraceptives	700,000	1,000,000	1,200,000	1,500,000	4,400,000
	Depo-Provera (3-month)	100,000	200,000	200,000	250,000	750,000
	IUD	2,000	2,500	2,750	3,000	10,250
	Cycle Beads	4,000	6,000	6,000	6,200	22,200
	Implants	500	800	2,500	2,500	6,300
MCH / WS	Clean Delivery Kits	20,000	30,000	0	0	50,000
	ORS+Zinc Diarrhea Treatment Kit	0	0	1,000	699,000	700,000
	PUR	1,000,000	2,000,000	2,000,000	2,000,000	7,000,000
	Aquatabs	1,150,000	2,000,000	2,000,000	2,100,000	7,250,000

Annex B: Annual Performance Milestones

Annex B: Annual Performance Milestones							
INDICATORS		YEAR 1	YEAR 2	YEAR 3	YEAR 4	TOTAL	Comments/Assumptions
Task 1: Increase supply and diversity of health services and products							
1	Number of male condoms distributed through the USG funded social marketing programs	20 000 000	25 000 000	30 000 000	32 000 000	107 000 000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change, estimated risks occasions) and previous project achievements.
2	Number of female condoms distributed through the USG funded social marketing programs	500 000	700 000	1 000 000	1 200 000	3 400 000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change, estimated risks occasions) and previous project achievements.
3	Liters of water disinfected with point of use home water treatment solution to the USG funded social marketing programs	33 000 000	60 000 000	60 000 000	62 000 000	215 000 000	Based on quantities planned. Year 1 target is based on previous project last year achievement. Year 2, 3 and 4 targets have been updated, based on year 1 achievements. Concurrent interventions of other NGOs in same health zones are anticipated to decrease targets in year 3 and 4. Expected results are based on other donors supplying products. year 3 and 4 targets cannot be increased, as cholera outbreaks are not included in the calculation as they cannot be planned.
4	Number of Diarrhea Treatment Kits containing 2 low-osmolarity flavored ORS sachets plus a 10-blister pack of zinc distributed through the USG funded social marketing programs	0	0	1 000	699 000	700 000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change, estimated risks occasions) and similar project achievements in other PSI countries. Numbers have been revised, based on pending waiver approval. The distribution may start in September 2012.
5	Number of clean delivery kits distributed through the USG funded social marketing programs	20 000	30 000	0	0	50 000	Based on quantities planned. Based on Hope Consulting's assessment, transfer of CDK's distribution and promotion to a private company is not feasible.
6	Number of cycles of oral contraceptives distributed through the USG funded social marketing programs	700 000	1 000 000	1 200 000	1 500 000	4 400 000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements.
7	Number of injectable contraceptives distributed through the USG funded social marketing programs	100 000	200 000	200 000	250 000	750 000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements. Year 2 target has been updated, based on year 1 achievements.

8	Number of IUDs distributed through the USG funded social marketing programs	2 000	2 500	2 750	3 000	10 250	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements.
9	Number of cyclebeads distributed through the USG funded social marketing programs	4 000	6 000	6 000	6 200	22 200	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements. Year 2 target has been updated, based on year 1 achievements.
10	Number of implants distributed through the USG funded social marketing programs	0	1 300	2 500	2 500	6 300	Based on universe of needs calculation (including estimated impact of the project on product used-related behavior change). Year 2 target has been updated, as there was no distribution in year 2 due to registration issue. Year 3 and 4 targets have been updated, based on year 2 achievement.
11	Couple-years of protection (CYP) in USG-supported programs	103 607	140 217	160 375	195 200	599 399	Based on year 1 and 2 achievements, and expected family planning products availability, year 3 and 4 targets have been increased.
Task 2: Increase the awareness of and demand for health products and services							
12	Number of people reached during HIV/AIDS activities who are oriented to a VCT site	0	4 364	10 952	11 617	26 933	National reference is 11% for this activity (DHS 2007). Project efforts will increase this target to 30% of people reached during AB and OP promotion.
13	Number of individuals reached with individuals/small group preventive interventions primarily focused on abstinence and/or being faithful that are based on evidence and/or meet the minimum standards	0	17 717	19 942	21 437	59 096	Year 3 targets are based on previous project achievements, and number of trained field actors to conduct sensitization sessions. Targets are related to available budget.
14	Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards	0	14 286	16 566	17 286	48 137	Year 3 targets are based on previous project achievements, and numbers of trained field actors to conduct sensitization sessions. Targets are related to available budget.
15	Number of targeted condom service outlets	1 800	6 000	7 152	7 152	7 152	Previous project achievement was 1,500 condom service outlets. Targets are based on the extension planning of condom service outlets network in Health Zones. Years 3 and 4 targets have been updated, based on year 2 achievements. Cumulative indicator.
16	Number of individuals participated in community-wide event focused on HIV/AIDS	0	200 000	300 000	400 000	900 000	Year 3 targets are based on previous project achievements. Yearly progression is anticipated. Targets are related to available budget.

17	Number of media outlets including HIV/AIDS messages in their programs	0	48	36	15	48	Based on budget available. Each TV and radio station used for message airing is considered as one media outlet, and is counted only once. Year 3 indicator has been increased from 20 to 36. Cumulative indicator.
18	Number of media broadcasts that promote responsible sexual behavior	0	20 160	2 880	1 350	24 390	Based on year 3 budget available. Year 3 indicator has been increased from 1,800 to 2,880.
19	Number of peer educators who successfully completed an in-service training program	0	300	300	0	600	Based on budget available.
20	Number of FP service delivery points (pharmacies and clinics) added to the <i>Confiance</i> FP network with USG assistance	0	199	5	0	204	5 new clinics will be integrated in <i>Confiance</i> network for PPIUD pilot project in year 3, resulting in an increase of year 3 target from 0 to 5.
21	Number of USG-assisted service delivery points experiencing stock-outs of specific tracer drugs (depo provera)	100	68	45	45	45	Contingent upon consistent product supply from the donor.
22	Number of people reached during outreach activities promoting the use of water purifier products	50 000	300 000	250 000	200 000	800 000	No change of year 3 target.
23	Number of people reached during outreach activities promoting the use of ORS sachets to treat diarrhea	0	0	500	125 000	125 500	Year 3 target has been significantly decreased from 100,000 to 500 as communication activities are awaiting waiver approval from USAID. The time necessary to purchase and ship ORS to Congo will allow less than one-month for distribution in Yr 3 (September 2012).
24	Number of service delivery points social marketing delivery kits	200	400	0	0	400	No change of year 3 target. Non cumulative indicator.
25	Percentage of service delivery points reporting stock out of water purifier at any time	40%	30%	20%	15%	15%	Based on anticipated project efforts. In year 1, wholesalers were considered as service delivery points. For year 2, 3 and 4, the indicator is corrected: service delivery points are retailers. No change.
26	Percentage of service delivery points reporting stockouts of ORS/zinc tablets at any time	-	-	-	60%	60%	As the distribution of the product is expected to start in September 2012, it will not be possible to assess this indicator in year 3.
Task 3: Develop and/or enhance the ability of commercial/private sector entities to social market health products and services including behavior change communication activities							
27	Number of socially marketed health products or services transitioned to the private sector	0	0	0	0	0	Based on Hope Consulting's assessment, transfer of CDK's distribution and promotion to a private company is not feasible. Thus, the indicator for year 3 has been zeroed out.
28	Number of trained/refreshed private sector distributors, NGOs, associations and community health workers trained in social marketing and/or BCC techniques	0	10	10	0	20	Year 3 and 4 targets have been cumulated in year 3.
Task 4: Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community level through joint planning with GDRC, other USG and non-USG partners							
29	Number of external technical/coordination meetings attended at national/provincial/district levels with stakeholders	60	93	110	110	373	Based on budget available, and past experience in coordination. No change in year 3 target.

IX.2- Inventory on hand: stock

The table below highlights PSI/ASF's current stock levels for each product in each targeted province of the project.

Provinces	HIV Products		FP Products						MCH Products	WatSan Products	
	Prudence Male	Prudence Female	Combi 3	POP	Injectable	IUD	Cycle Beads	Jadelle	DELIVRANS	PUR	AQUATABS
KINSHASA	28 373 161	699 973	937 100	-	159 757	1 501	96 044	2 015	3 915	4 338 769	4 795 586
KATANGA	1 080 000	20 400	-	-	-	337	500	300	2 679	619 440	183 200
BAS CONGO	135 000	-	-	-	4 730	222	549	369	724	114 240	45 984
SUD KIVU	168 840	3 770	-	-	7 209	300	500	300	1 314	233 718	304 997
NORD KIVU	-	-	-	-	-	-	-	-	-	-	-
PROVINCE ORIENTALE	130 860	10 800	-	-	7 100	85	224	-	113	300 816	102 136
EQUATEUR	-	10 400	-	-	6 770	143	300	-	249	562 440	280 000
KASAI OCCIDENTAL	-	-	5 200	-	6 050	150	300	110	1 750	47 520	257 408
KASAI ORIENTAL	589 140	20 510	10	-	6 360	230	296	294	12	90 804	19 112
MANIEMA	-	-	-	-	-	-	-	-	-	-	-
TOTAL	30 477 001	765 853	942 310	-	197 976	2 968	98 713	3 388	10 756	6 307 747	5 988 423

IX.3- Travel plan for the next quarter

Trip subject	Person	Place	Anticipated period	Codes
PSI/ASF Staff Exchange Visit on Social Franchising	FP Social Franchising Coordinator, Luther Mokanga - 1 person	Mali	January 2012	A-2-2
PSI/ASF Staff Exchange Visit on Internal Audit of FP Activities Quality	1- Deputy MCH Director, Gaby Kasongo 2- FP Quality Assurance Coordinator, Nancy Ntaturiki 2 people	Benin	February 2012	A-2-4
PSI/ASF Staff MCH Exchange visit	MCH Director, Albert Chikuru 1 person	Cameroon	March 2012	A-2-6
PSI/ASF Staff Exchange visits	PSI/Cameroon 100%Jeune Coordinator 1 person	Cameroon	March 2012	A-2-8
PSI/ASF Staff Exchange visits	COP, Didier Adjoua 1 person	Vietnam	March 2012	A-2-9
Management and Leadership Training	COP, Didier Adjoua 1 person	Washington, DC	March 2012	A-2-10
WCA Regional Financial Training	Internal Audit Deputy Director, Titi Tudibenu, 1 person	Washington, DC	March 2012	A-2-11
Capacity building for key personnel	1-Social Marketing and logistics Technical Advisor, Dipoko Degrande 1 person	Washington DC	March 2012	A-2-14
MCH/Watsan Technical Assistance trip	PSI/Kenya MCH/Watsan Technical Advisor, Yves Cyaka 1 person	Kinshasa	February 2012	A-4-4
HIV Technical Assistance trip	PSI/Cameroon, HIV Director, Annie Michele Mvogo 1 person	Cameroon	March 2012	A-4-5
QED's project mid-term and M&E system evaluation trip	Swedberg and Speyer, QED 2 person	Kinshasa	March 2012	A-4-6
FoQuS on Marketing Planning study	PSI/WCA Regional Researcher, Joseph Inungu 1 person	Kinshasa	March 2012	A-5-3

X.3- List of Acronyms

AIDS	: Acquired Immune Deficiency Syndrome
AMM	: Autorisation de Mise sur le Marché
ASF	: Association de Santé Familiale
BCC	: Behavior Change Communication
CDK	: Clean Delivery Kit
CILC	: Comité Intersectoriel de Lutte contre le Cholera
CNAEA	: Comité National d'Action Eau et Assainissement
COC	: Combined Oral Contraceptive
COP	: Chief of Party
COTR	: Contracting Officer's Technical Representative
CR	: Country Representative
DHS	: Demographic and Health Survey
DTK	: Diarrhea Treatment Kit
DRC	: Democratic Republic of Congo
FH	: Food for the Hungry
FMCG	: Fast Moving Consumer Goods
FP	: Family Planning
FY	: Fiscal Year
GDRC	: Government of DRC
HIV	: Human Immune deficiency Virus
IEC	: Information, Education and Communication
IPC	: Interpersonal Communication
IUD	: Intra Uterine Device
MAP	: Mesure de l'Accès et de la Performance
MCH	: Maternal and Child Health
MoH	: Ministry of Health
MVU	: Mobile Video Unit
No	: Number
NGO	: Non-Governmental Organization
OC	: Oral Contraceptive
OFOG	: Overseas Financial Operations Group
ORS	: Oral Rehydration Solution
P&G	: Procter and Gamble
PEPFAR	: (US) President's Emergency Plan for AIDS Relief
PLWHA	: People Living With HIV/AIDS
PMEP	: Performance Monitoring and Evaluation Plan
PNLMD	: Programme National de Lutte contre les Maladies Diarrhéiques
PNLS	: Programme National de Lutte contre le Sida
PNMLS	: Programme National Multisectoriel de Lutte contre le Sida
PNSR	: Programme National de Santé de la Reproduction
POP	: Progestin-Only Pill
POU	: Point of Use
ProVIC	: Projet de lutte contre le VIH Intégré au Congo
PSI	: Population Services International
Q	: Quarter
RH	: Reproductive Health
STIs	: Sexually Transmitted Infections
STTA	: Short Term Technical Assistance
TRaC	: Tracking Results Continuously

TV	: Television
UNICEF	: United Nations Children's Fund
USAID	: United States Agency for International Development
USG	: United States Government
VCT	: Voluntary Counseling and Testing
W	: Week
WATSAN	: Water and Sanitation
WCA	: Western and Central Africa